LOUISIANA DEPARTMENT OF LABOR OFFICE OF REGULATORY SERVICES LABOR PROGRAMS SECTION APPRENTICESHIP DIVISION POST OFFICE BOX 94094 BATON ROUGE, LOUISIANA 70804-9094

APPRENTICESHIP NOTICE OF CANCELLATION

The Program Sponsor shall report all terminations and cancellations to the Louisiana Department of Labor, Apprenticeship Division. The Notice of Cancellation must be signed by an authorized representative of the Program Sponsor.

Program Sponsor	
Full Name of Apprentice	Social Security No.
Indenture Number	Trade
Date Apprenticeship Began	Date of Termination or Cancellation
Explanation of Termination or Cancella	ation
Name/Title of Authorized Program Spo	onsor Official (Please Type/Print)
Signature	Date
LDOL Program Compliance Officer	Date

(Rev. 1-3-2000)